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ABSTRACT

The development and use of the Parent Behavior Progression (PBP), a method to evaluate parent-infant interactions, are discussed. Two forms of the PBP contain six levels, beginning with an affective base providing for parent-infant attachment, and concluding with a more cognitive or growth promoting orientation. Considerations in the use of the PBP are discussed in terms of parental self confidence, feelings, and the infant's effects on parenting. Legal and ethical issues concerning the use of the PBP with parents are briefly examined. Future efforts will be directed at making the PBP specifically appropriate for handicapped and at risk infants and at refining the instrument for program evaluation purposes. (CL)

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PARENT BEHAVIOR PROGRESSION: ISSUES CONCERNING ITS USE

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The Parent Behavior Progression grew out of an approach to infant intervention developed in the UCLA Infant Studies Project (Bromwich, 1976). This approach focuses on enhancing the quality of parent-infant interaction and increasing parental competence in fostering the infant's development. This parent-infant interaction model differs from the "parent-as-teacher" model by its emphasis on helping the parent gain confidence and competence in her parenting role--being sensitive and responsive to the infant's cues and providing the infant with the kind of social and physical environment that encourages his development. The emphasis of the parent-as-teacher model is on changing the parent's role into that of a teacher who teaches specific skills to the infant based on some predetermined curriculum of activities.

In the past, infant specialists concentrated on assessing only the infant's development and behavior in order to set short-term goals and to plan interventions. Today these same specialists are very aware that parenting behaviors must also be considered if the aim is optimal development of the child. Parenting behaviors can have a major influence on infant development, thus the achievement of those parenting behaviors which foster development should be goals of parent-infant education and intervention. This interactional emphasis requires that the parent's behaviors, as well as the infant's, be assessed and dealt with in the planning and carrying out of intervention. The Parent Behavior Progression attempts to meet this need for becoming more sensitive to and aware of parenting behaviors.

A considerable body of research has supported the following propositions that are basic to the Parent Behavior Progression and to the intervention model from which it has emerged.

1. Infant-parent interaction is a truly reciprocal process: the behavior of each affects the other's response.

   The influence of parents' behavior on the development of their children has long been accepted as conventional wisdom. On the other hand, the enormous effect of the infant's behavior on the parent's responses and generally on the quality of parenting has been recognized only recently as a consequence of strong and unequivocal research evidence. Differences in behavior patterns of infants can be observed early in life. Some infants exhibit a combination of temperamental traits that make them more difficult

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Note: As the author is sensitive to the use of gender in writing, feminine pronouns are used in reference to the parent and masculine pronouns in reference to the infant, to avoid cumbersome use of both genders.

babies to care for and enjoy. Many handicapped infants behave in ways sufficiently deviant to make mutually pleasurable interaction between parent and infant difficult to achieve. Finding ways in which to help parents and infants gain mutual satisfaction from each other becomes an important task of an intervention staff.

2. The prime requisite for the infant's optimum development is a mutually satisfying relationship between parent and infant.

   This notion is gaining increasing acceptance not only by researchers but also by practitioners. Mutually satisfying interaction establishes the foundation for a system of communication.

3. The parent gains competence as she enjoys her baby's increasing responsiveness to her successful efforts in motivating the infant's growth-promoting activities.

   As she becomes increasingly effective in her parenting role, the parent gains in self-assurance and gradually becomes independent of the support and help of the intervention staff. This independence is achieved more effectively if one of the goals of the intervention program is to help the parent find or create a support system for herself and the infant within her family and community.

DESCRIPTION, PURPOSE, AND FUNCTIONS OF THE PBP

The purpose and primary function of the Parent Behavior Progression (PBP) is to help infant specialists focus on the parent in parent-infant interactions and to increase their awareness and sensitivity to parents' feelings and behaviors. The PBP can serve as a tool that leads the staff of educational and clinical programs to (1) support positive behaviors already in the parent's repertoire and identify parenting behaviors that may be blocked by characteristics of the infant (e.g., by an infant who is extremely irritable, gives few and unclear cues, is passive and unresponsive to the parent's attempts to elicit responses), and (2) on the basis of clinical judgement, to identify the specific parenting behaviors that are likely to enhance parent-infant interaction in the particular family and to incorporate these behaviors as goals of the intervention for that family.

A secondary function of the PBP is to assist in evaluating the effectiveness of an intervention program by comparing initial and later assessments of parent behavior. When the PBP is used for the purpose of program evaluation, it is important to remember that this instrument can only be used by those who work with the families on an ongoing basis. Outside evaluators who have not established a relationship with the family are not able to obtain valid assessments. Therefore, the PBP should not be used for program evaluation if internal evaluation (by program staff) is not admissible within the evaluation guidelines of

a project. It should also be remembered that the PBP is still an experimental measure that has not been standardized. Follow-up studies using data from a number of programs that use this instrument are being planned.

The PBP consists of two forms: Form 1, for ages 0-9 months (estimated developmental age), and Form 2, for ages 9-36 months (estimated developmental age). Each form consists of six levels, each of which is defined and accompanied by descriptive statements of specific behaviors (see Figure 1). The first three levels of the PBP have been identified as the affective base. The presence of this affective base provides evidence for the existence of parent-infant attachment. Levels IV through VI focus on behaviors indicative of the parent's involvement in actively providing her infant with growth-promoting experiences.

FIGURE 1

Six Levels of the Parent Behavior Progression

LEVEL I	The parent enjoys her infant.
LEVEL II	The parent is a sensitive observer of her infant, accurately reads behavioral cues and is responsive to them.
LEVEL III	The parent engages in a quality and quantity of interaction with her infant that is mutually satisfying and which provides opportunities for development of attachment.
LEVEL IV	Parent demonstrates an awareness of materials, activities, and experiences suitable for her infant's current stage of development.
LEVEL V	Parent initiates new play activities and experiences based on principles that she has internalized from her own experience, or on the same principles as activities suggested to or modeled for her.
LEVEL VI	Parent independently generates a wide range of developmentally appropriate activities and experiences (which are interesting to the infant) in familiar and new situations and at new levels of the infant's development.

A legitimate question has been raised about the appropriateness of the word "level." The word fits our conceptual framework but it can mislead the practitioner into using the "levels" sequentially in either developing short-term intervention goals or measuring program effectiveness. When the PBP is used to guide intervention or to measure progress, the "levels" should be viewed as categories that are parallel and of equal importance. However, it is true that behaviors at the earlier "levels" are often elements of more complex behaviors at later levels (see page 13, paragraph 2, of the manual for further explanation and example).

The utilization of levels of parenting does not imply that an intervention staff should first focus on helping the parent to achieve behaviors at one level before those at a higher level. Our experience and that of others who have used the PBP has shown that the behaviors achieved most effectively in the early stages of intervention are those in Level II (e.g., reading and responding to the infant's cues) and Level IV (e.g., providing materials, activities and experiences for the infant's current stage of development). Most of the behaviors in these two levels or categories are quite tangible and often will simultaneously produce some of the behaviors of Levels I and III (enjoyment of infant and mutuality in interaction, respectively). For example, when a parent is helped to read the infant's cues more accurately, she may simultaneously grow fonder of the infant and enjoy him more as she feels more competent in meeting his needs. Similarly, when the parent learns to motivate the infant's play by presenting materials to him in an interesting manner or causes him to be more visually responsive as she makes eye contact while talking to him, both may come to enjoy their interaction with each other more, resulting in chains of reciprocal behavior and the achievement of mutuality (Level III). Behaviors in Levels II and IV seem to be particularly effective "points of entry" for intervention with parents of handicapped infants, according to the reports of two directors of BEH programs for handicapped infants.

CONSIDERATIONS IN THE USE OF THE PBP

There are several important issues that must be considered before using the PBP. Most of these considerations are discussed in the manual. One question not addressed in the manual (because it has come up only recently in conversation with an HCEEP project director) is whether or not the PBP would benefit parents if it were to be handed to them for their own use. The discussion that follows will articulate the position of the PBP authors on this question.

The PBP was developed to be used by professional staff working with parents and was not intended to be used by the parents themselves. One might logically claim that if the parent could be handed the PBP, she could evaluate her own parenting, use the PBP as a criterion of "good" parenting and then, on her own, work toward

achieving the behaviors that she perceives as missing in her repertoire. Some might even claim that it would be unethical to withhold such an instrument from parents. We believe the opposite to be true--that it would be unethical to give the PBP to parents because it might be psychologically damaging to them. We would like to give our reasons for this position.

1. Parental self-confidence and the PBP. One of the aims of the PBP is to help parents grow more self-confident in their parenting role. It is widely acknowledged that this self-confidence brings about greater effectiveness in parenting. In this respect, the PBP can help the infant specialist to identify the many desirable behaviors that a parent exhibits toward her infant and then find appropriate ways to support these positive behaviors, as well as to explain to the parent specifically how she is enhancing the infant's development. On the other hand, if the parent herself were to use the PBP to achieve greater competence, the effect on self-assurance might well be the opposite--less parental competence due to reduced self-assurance. The parent who reads the behavioral descriptions representing "desirable parenting" may tend to feel more anxious about her parenting than she did before. This anxiety would interfere with her viewing the PBP behaviors in their proper perspective, in relation to the infant's stage of development and her own mothering style. Her anxiety would also make it difficult for her to keep in mind that no parent, no matter how competent, is expected to engage in all the behaviors described on the long list in the PBP, and that not all the behaviors in the PBP are realistic or even desirable goals for any one parent-infant dyad.

2. Feelings, behaviors and the PBP. Many of the behaviors listed in the Progression are simply behavioral expressions of feelings and attitudes that are not established at will (e.g., items #1 through #11 in Level I on both forms). The PBP was not conceived to be a list of behaviors from which a parent would select the ones that she would try to achieve in order to become a "better" parent. If a parent were to use the PBP in this manner, that is, to identify behaviors that she should practice, it is conceivable that she could exhibit behaviors without the existence of the feelings that usually produce these behaviors spontaneously (especially applicable to Level I). The conscious practice of behaviors, such as reporting pleasure, that were meant to reflect feelings, may cover up the way the parent actually feels toward her infant, or might even result in her expressing the opposite of how she feels. A parent's behavior that is incongruent with her feelings would be confusing to her infant--he would receive contradictory messages from the parent on the feeling and action (or verbal) levels. We do believe that it is, at times, possible to intentionally practice a behavior and gradually produce the feeling that goes with it. Nevertheless, the self-consciousness that would accompany the intentional expression of enjoyment, if it were not experienced, might further inhibit the parent's movement toward enjoying her child.

3. Sharing feelings with staff and the PBP. One of the valuable aspects of an intervention program is the relationship that usually develops between parent and staff member. This relationship prevents the parent from feeling so alone in carrying the burden of her infant's problems and her own difficulties in parenting. The parent is often able to share her feelings about the infant and about herself as parent. It is difficult to imagine that a mother who needs to share some of her feelings of inadequacy or ambivalence about her infant would do so if she had been given the PBP. Handing the parent the PBP conveys the message that she should try to achieve the behaviors that it lists. She may perceive this as subtle pressure to show the staff how much she enjoys her infant and how positively she can interact with him. This pressure could easily prevent her from sharing her real feelings and encourage her to distance herself emotionally from the staff. As she further suppresses her own feelings of inadequacy and ambivalence toward her infant, she might experience increased anger toward the infant. This could result in negative behavior toward him or further emotional withdrawal from him, regardless of the behaviors she may exhibit to the staff during the home visits. At the same time, she may resent the staff who has tacitly laid this additional burden on her.

4. The infant's effect on parenting and the PBP. Many desirable parenting behaviors can be obstructed by the infant's behaviors; for example, the parent's reading and responding to cues (Level II) is interfered with when the infant's cues are few and/or difficult to read. Parents find it difficult to obtain pleasure from a passive, unresponsive infant, or even to continue to initiate social, play or language interactions. The staff should be alert to the absence of parental enjoyment or mutually pleasurable interaction (Levels I and III) caused primarily by the infant's behavior. Parents with difficult-to-read and unresponsive infants are especially prone to feeling inadequate as parents. They often believe that they are the cause of the infant's passivity. Such parents need considerable support; they also need to become aware of the part their infants play in discouraging positive and mutually pleasurable interaction. If such a parent sees the PBP with its list of desirable parent behaviors, her guilt feelings and feelings of inadequacy are likely to increase. Parents often find it difficult to accept that they are not responsible for every aspect of their children's behavior. The PBP in the hands of parents of unresponsive infants might cause these parents to withdraw even further from their infants as they see the gap between their own interactions with their infants and the kinds of interactions that the PBP behaviors suggest. When an infant makes it difficult for the parent to become involved with him, the staff and parent need to share the problem, pool their efforts and knowledge of the infant, and cooperatively find ways to successfully engage parent and infant with each other. This difficult task should not be left for the parent to do on her own.

LEGAL AND ETHICAL ISSUES

It is our understanding that some program directors are concerned about using any assessment tool without making it available to parents. We believe that our response to the question of whether parents should be given the PBP (above) deals satisfactorily with the ethical issue. The legal issue remains. We believe that sufficient information can be shared with parents to satisfy the legal requirements of disclosure without risking the possibility of negative psychological effects on the parents.

In the course of conversation with parents, the staff can mention their awareness that what happens between parent and child has an impact on the child's development. Therefore, in addition to assessing the infant's behavior and development, they find it useful to attend to the effect that the infant's behavior has on the parent and the parental interactions with the child. These observations help the staff become more sensitive to the strengths in an interaction and in what way a particular parent and infant might be helped to make interactions more satisfying for both.*

If the parent asks for additional information, the staff can state further that they are using a guide to alert them to the great variety of ways in which parents enhance their children's development (only positive behaviors are stated in the PBP). If the parent asks to see this guide, the staff can explain that they believe that it would not be particularly helpful to the parent because it would be difficult for a parent to stay spontaneous and not self-conscious when interacting with their children after seeing the guide (which was designed for staff use). The parent can further be informed that, although the guide contains descriptions of only positive behaviors, it has been found that when a parent sees these behaviors stated in writing, the parent may become anxious about behaviors that she does not display. Yet, when the staff can look at the list of behaviors objectively, they are aware of those which would be helpful to the infant at his current level of development. No parent is expected to manifest all the behaviors on the list at any time; this, however, is difficult for the parent who is so ego-involved in her own parenting to accept. The parent has enough burdens to carry without having to worry about this guide, which was intended to help the staff work more effectively with parents and infants. The parent can also be shown parts or all of the preceding pages containing the reasons for the PBP's exclusive use by the staff.

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*Some program directors may choose to make available to the parent a short statement of the program philosophy and mention the procedures and tools used in the program that are in harmony with that philosophy. See attached material titled: Information For Parents.

If particular parents persist in their request to examine the PBP, in spite of the genuine recommendation by the staff to the contrary, they should certainly have access to it. The staff should insist, however, that they read through the entire manual as well as this addendum to it.

FUTURE DIRECTIONS FOR THE PBP

A revision of the PBP is projected for the near future. This revision will be aimed at making the PBP specifically appropriate for handicapped and at-risk populations of infants. We are asking that all projects using the PBP make several types of data available to us. First, we are interested in information on the specifics of projects using the PBP. Second, we are very interested in behavior-related information based on actual experience with the PBP. We are attempting to determine the critical parenting behaviors at the various levels of the PBP for parents of handicapped infants. For example, are there behaviors on the PBP that are not applicable to parents of handicapped infants? Are there behaviors that are seen frequently in parents of handicapped infants which are not currently on the PBP, and if so, what are they?

A study will be designed in the fall of 1979 to refine the PBP for purposes of program evaluation. Sometime after that we will contact those programs utilizing the PBP who indicated a willingness to make their data available to us. (No names of infants or parents will be used.) Following are some ideas regarding the kinds of data that will be needed:

1. Raw data on behaviors checked for individual parents (at each level of the PBP) at successive points in time (preferably two to three times over the period of at least one year).

2. Information on specific data cases, including type and severity of the infant's handicap and/or parent or family related risk factors.

3. Raw data on the Caldwell HOME scale and on other child assessment measures utilized by individual projects (e.g., Bayley, Gesell).

If you have further questions about the use of the PBP, or to order the manual, forms, or both, please contact:

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213/885-2542, -2515, or -2599 (for messages)

The PBP is available for a cost of $3.75 (reproduction and mailing). Please make check or money order out to Valley Child Observation Group and send to Rose Bromwich at above address.

REFERENCE

Bromwich, R. Focus on maternal behavior in infant intervention. American Journal of Orthopsychiatry, 1976, 46(3), 439-446.

THE PARENT BEHAVIOR PROGRESSION

Bromwich, R., Khokha, E., Fust, L. S., Baxter, E., & Burge, D. Manual of the parent behavior progression, 1976 (rev. 1978). (Available from R. Bromwich, School of Education, California State University, 18111 Nordhoff Street, Northridge, CA 91330).

Bromwich, R., Khokha, E., Fust, L. S., Baxter, E., Kass, E. W., & Burge, D. Parent behavior progression: Form I for parents of infants from birth to nine months (developmental age), 1976 (rev. 1978). (Available from R. Bromwich, School of Education, California State University, 18111 Nordhoff Street, Northridge, CA 91330).

Bromwich, R., Kass, E. W., Khokha, E., Baxter, E., Burge, D., & Fust, L. S. Parent behavior progression: Form II for parents of infants between nine and thirty-six months (developmental age), 1976 (rev. 1978). (Available from R. Bromwich, School of Education, California State University, 18111 Nordhoff Street, Northridge, CA 91330).

ATTACHMENT

Suggestions for Incorporating Information about the Parent Behavior Progression in the Context of the Program Philosophy

INFORMATION FOR PARENTS

The philosophy of this program is based on considerable research findings showing the importance of the interaction between parents and their infants and young children. It has become increasingly clear that the reciprocal interactions between parents and children are a very important influence on children's development. But the child also affects the way the parent interacts with him/her, and that has now been widely acknowledged. No more is the infant seen as shaped and molded solely by its caregiver, but the "shaping" and "molding" is a reciprocal, two-directional, transactional process.

One aspect of the work we do with families in this program is based on the belief that one of our very important functions is to support and, when necessary, enhance the quality of interaction between infants and their parents, which is such a significant factor in the overall development of the child. Therefore the overall objectives which guide our work are twofold:

1. To support and enhance the quality of interaction between parent and child.

2. To help each parent gain the particular skills that will help meet the individual developmental needs of his/her infant.

In order to help us make decisions in planning the kind of individualized program we want to provide for each infant and parent, we of course need to look at, or "assess," your child's behavior and actions in a variety of areas. And, because of the importance of parent-child interactions for the child's development, we also look at the interactions that occur between the parent and the child--how does each influence the behavior of the other and, at the same time, react to the other's behavior? We evaluate the program, not only on the basis of the child's progress, but also on how effectively we have been able to help the parent with her child.

We feel that it is important for you to be informed about everything we do that regards you and your infant. For your information, we use the following aids or instruments to help us plan our work with individual families:

(List assessment instruments and procedures used in assessing the infant. The statement about the PBP, in the context of these procedures, could read as follows.)

The Parent Behavior Progression is a guide that is oriented to parents' interactional behaviors with their infants. The aim of the PBP is to sensitize staff members of infant programs to the feelings, attitudes and behaviors of parents toward their infant, and thus enable the staff to work more effectively with the parents toward experiencing greater enjoyment, satisfaction and competence in their parenting role.

We are also using the PBP to help us evaluate the effectiveness of our program and to provide a small portion of the data required for research, in which we are collaborating with a number of other projects. The aim of the research is to provide information that will help to raise the quality and level of effectiveness of this and similar programs.